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HYGIENIC EDUCATION OF THE POPULATION IN THE  
PROPHYLAXIS OF INFECTIOUS DISEASES

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HYGIENIC EDUCATION OF THE POPULATION IN THE  
PROPHYLAXIS OF INFECTIOUS DISEASES

[ Following is the translation of an article by I. S. Sokolov (Moscow), published in the Russian-language periodical Zhurnal Mikrobiologii, Epidemiologii i Immunobiologii (Journal of Microbiology, Epidemiology and Immunobiology) No 6, 1965, pages 3--6. It was submitted on 22 Dec 1964. Translation performed by Sp/7 Charles T. Ostertag, Jr. ]

The history of the struggle with epidemics in pre-revolutionary Russia testifies to the fact that the greatest native medical-scientists and doctors, for example Danilo Samoylovich, Zabelin, Mukhin, and subsequently the Zemstvo progressive doctors, devoted much attention to the distribution of hygienic knowledge among the people, mainly in the sense of combating epidemics.

However, capitalist exploitation and the absence of civil rights for the main mass of the population under the conditions of tsarist Russia made sanitary education groundless, devoid of a material base, and the advanced, public-spirited doctors in pre-revolutionary Russia, in carrying out sanitary education, unavoidably fell into irreconcilable variance with the cruel reality surrounding them. Sanitary education received a basically different importance following the victory of the Great October Socialist Revolution.

In the severe, but full of revolutionary enthusiasm, first years of the formation of Soviet power, in the difficult and complex conditions of foreign military intervention and Civil War, sanitary education was a sharp effective means of enlisting wide masses of people into the struggle against epidemics. The enlisting of the masses for the carrying out of antiepidemic and sanitary-hygienic measures -- this was the general situation of Soviet public health from the initial period of its organization.

The first People's Commissariat for Public Health, N. A. Semashko, in coming forth at the VII All-Russian Congress of Soviets (5--9 Dec 1920), emphasized that "If in this year we conquer typhus, then we are obligated in this struggle to extensive sanitary education."\*

\*"Public Health Problems", 1928, No 19.

And in all subsequent phases sanitary education had great importance in the struggle with infections by ensuring the conscious respect of the population toward antiepidemic measures.

At the present time hygienic education of the population has a particular importance in connection with the liquidation of some and the sharp reduction of other infectious diseases.

The achievements of a socialist economy, the rise in the welfare of Soviet youth, and the successes of Soviet public health and medical science have created the prerequisites which are necessary for the successful prophylaxis of infectious diseases. Under these conditions a large role is played by the conscious attitude of the population toward prophylactic measures and their active help in carrying them out, the general sanitary and epidemiological literacy, and the fulfillment of all measures of personal and social hygiene.

In the well-known decision of the CC of the CPSU and the USSR Council of Ministers "Concerning measures for the further improvement of medical service and the protection of health of the USSR population" (1960) the importance is pointed out of the joint participation in the carrying out of measures for the prevention of infections on the part of organs for public health and communal and rural economy, the veterinary service, national education and also enterprises, state and collective farms, economic and social organizations and the population. This specifies the role and the importance of the hygienic education of the population as an important component in the system of antiepidemic measures.

At the same time it is necessary to take into consideration the fact that under the conditions of the development of a communistic society in the country, the Party attaches special importance to the development of initiative, activity and self-help on the part of an extensive portion of the population in all the areas of economy and culture. One needs to call to mind that in the decision of the USSR Council of Ministers for 29 Oct 1963 "Concerning government supervision in the USSR" the greatest importance is given to the instructions for the "wider attraction of society to participation in controlling the observance of hygienic standards and sanitary-hygienic and sanitary-antiepidemic rules." This leads to the necessity for the more active participation of workers in the sanitary-epidemiological service in extensive sanitation propaganda. Without this it is impossible to attract the attention of society to problems concerning the prevention of infectious diseases. Together with this it is necessary to intensify work with active sanitation workers, in particular with public sanitation inspectors -- their preliminary training on problems of infectious diseases and subsequent operational instructions in relation to epidemiology.

It is necessary to try for an increase in attention to problems concerning hygiene training for the population on the part of leaders of public health organs and institutions, as a result of which this work has

improved for some time past. In all the work of medical workers with the population the problem of preventing infections occupies a large place. Nevertheless the status of antiepidemic propaganda is far from meeting modern requirements for it, and the effectiveness of this work often does not satisfy the time and effort which has been spent on it.

A study of the knowledge of various groups of the population in problems of epidemiology shows that this knowledge is completely insufficient, and consequently a further decisive improvement is necessary in propaganda and educational work in the aspect of infection prevention.

Great organizational and methodical errors are still encountered in the practice of antiepidemic propaganda. Often this work is planned without sufficient consideration of epidemiology and the sanitary status of the external medium. In this sense the work becomes aimless and poorly connected with practical antiepidemic measures.

There is often an absence of systematic sanitary-educational work with bacteria carriers, even in such diseases as typhoid and dysentery; this work is carried out poorly even in epidemic foci and microsectors, and the population is often poorly informed of the necessity for the timely reference to a doctor and of the measures for preventing the spreading of the infection.

Often the workers from the sanitary-epidemiological service avoid direct participation in antiepidemic propaganda, considering this the duty of the district doctors and specialists on sanitation education.

Mass means, such as the radio, television, the press and the movies are still used insufficiently for hygienic and antiepidemic propaganda.

Work on the sanitary-hygienic training of workers in public utilities, and also members of the militia, is being carried out far from everywhere. Meanwhile such training could be very important in the prevention of intestinal infections, fungous diseases, and helminth infestation.

The most important mission is the development of work on the hygienic education of the population during the process of all antiepidemic measures: Observance of epidemic foci, convalescence, bacteria carriers and persons having contact with infectious diseases.

This work has a particular importance in the dispensary treatment of persons who have had infectious diseases.

The missions, organization, content and method of propaganda, directed at the prevention of this or that infectious disease, ensue from the peculiarities of its epidemiology. Here a template and general discourses from text books are inadmissible. It is very important to proceed from the

data of epidemiological investigations in each concrete case. However, general principles for this propaganda exist. It will be effective and successful only in the event it is done timely, not following the appearance of the disease, and it proceeds from the data of epidemic prognosis. The content of antiepidemic propaganda should be based on the newest achievements of medical science and at the same time be completely concrete. Bare didactic advice is not absorbed by the population, it is necessary that it have scientific basis and motivation, helping to change knowledge into practical action.

We have already pointed out that an unalterable condition for success is a strong bond between antiepidemic propaganda and practical measures: Explanatory work among the population in all possible forms should precede each measure and accompany its execution.

The example of intestinal infections can illustrate these common principle provisions. It is known that along with objective conditions (deficiencies in the water and sewer systems, disorder in the cleaning of populated points) there are other factors which have great importance in the spreading of intestinal infections. Thus, there are a considerable number of cases of the belated seeking of medical help following intestinal disorders and attempts at self treatment. The population far from always observes the rules for the sanitary protection of water sources. For example, up until the present time in the Central Asian Republics the water from irrigation ditches is used for drinking in certain places. Typhus carriers as well as persons with chronic forms of dysentery often do not observe the rules of personal hygiene. There are insufficiently high levels of sanitary standards on the part of workers in food supply enterprises, the food industry, the commercial grocery network, and of workers engaged in the collection, initial treating, transportation, and realization of milk and dairy products. These and similar facts, exposed during epidemiological investigations, should also determine the primary missions and the main content of the hygienic education of the population, directed at the struggle with intestinal infections.

Here it is necessary to take into consideration among which groups of the population should particularly intensive work be carried out. Thus, it is known that morbidity with dysentery is particularly high among children, particularly young children (up to 2 years old). Cases are also known of outbreaks of intestinal infections among children in pre-school establishments, when the sources were bacteria carriers or chronically ill persons from the ranks of the technical or servicing personnel. Breakdowns in the hygiene routine are often noted in these institutions. This is why the propaganda of prophylactic measures for intestinal infections should be carried out primarily among the parents of young children, among workers at children's educational institutions, and all those who are engaged in the training and care of children.

Local materials must be widely used for the purposes of the greatest persuasiveness and clarity of the measures recommended by us: Data from epidemiological investigations and sanitation reports, results of laboratory analyses and bacteriological control, data concerning helminth contamination of the soil, etc.

The establishment of arrangements which are most appropriate to local conditions has a great educational significance for the introduction of rational sanitary-technical arrangements in rural populated points. This is also backed up by one of the greatest Soviet hygienists, Prof. Marzeyev. Such arrangements should be made primarily on the farmstead of regional sanitary-epidemiological stations and regional hospitals. Experience also shows the importance and the feasibility of setting up these arrangements on their own farmsteads by personnel who have authority with the population (for example, deputies of the local Soviet, chairman of collective farms). It is also necessary to secure the decisions of the local Soviets and the management of the collective farms on the construction of rational lavatories and receptacles for wastes in social buildings (clubs and houses of culture, rural Soviets, collective farm boards, etc.).

Thus, the hygienic education of the population on the prevention of intestinal infections includes explanatory work during the process of investigating an epidemic focus and the carrying out of measures which prevent the subsequent diseases; hygienic education of convalescents during their stay in the hospital; propaganda in small sectors and in epidemic foci during the process of the dispensary treatment of chronic patients and bacteria carriers; epidemiological training of active sanitation workers and those workers by whose work and by whose standard of sanitation education there is a direct reflection on the status of intestinal infections in the population; the wide attraction of the population to active participation in the work on the good sanitary organization of populated places and the sanitary protection of the soil and sources of water supply.

These ~~are some~~ considerations for carrying out measures which will ensure an increase in the effectiveness of hygienic education of the population for the purpose of combatting infectious diseases, particularly intestinal infections.